STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964889	R **09/10/2019**
NAME OF PROVIDER OR SUPPLIER **ARBOR COVE ALF OF FLORIDA INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **305 NORTH HIAWASSEE RD** **ORLANDO, FL 32835**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A revisit to complaint investigation #2018000645 was conducted at Arbor Cove ALF of Florida Inc, Assisted Living Facility on 9/10/19. Deficiencies were found to be corrected at the time of the survey.